

STUDENT NAME: _____

Student Identification Number _____

With my signature below, I am giving consent for the Department of Accessibility to exchange information with designated agencies, and/or departments, on or off the campus, for the purpose of evaluating my present circumstances and to assist me in my planning for future academic and vocational progress at the University of Rio Grande and Rio Grande Community College.

Person(s) or agencies from which information may be requested to assist in determining eligibility for the Department of Accessibility services and/or further case development.

- High School _____
- Clinic(s) _____
- Agency(s) _____
- Other _____

Person(s) or agencies with which information may be shared regarding your educational progress, by electronic means or by paper document, such as your Accommodation Plan.

- Parent(s) _____
- Licensed Clinics and/or Agencies _____
- Other _____

This consent will expire upon graduation, withdraw, decision not to return for the following semester, or written notification by you.

Student Signature (or parent signature if student is less than 18 years of age) _____ Date

Please refer to page 2 of this form as to the special situations in which your consent is not required by law.

Special situations in which your consent is not required by law:

1. To prevent clear and imminent danger to you or others. (ORC 2921.22) (American Counseling Association Code of Ethics Section B.1)
2. To report known or suspected instances of abuse, neglect or domestic violence against victims who are under the age of 18 or under the age of 21 for individuals with certain disabilities. (ORC 2151.421)
3. University of Rio Grande and Rio Grande Community College oversight activities such as audits, investigations, Office of Civil Rights inspections and licensure requirements to review this department's compliance with federal and state law and policies regarding student privacy and confidentiality.
4. Response to court orders and law enforcement as required by law.

Please know that all materials relating to your case are kept in a secured file. Case notes and reports are the property of this department, but your materials used to establish your eligibility are available for you to have copies made if you so desire. All materials and records are kept a minimum of seven years after case closure, and then destroyed.

If you feel that your privacy rights have been violated, please contact Stephanie Alexander, PhD at (740) 245-7339 immediately or file a complaint in writing with the U.S. Office of Civil Rights, Washington D.C.

Accessibility Coordinator

Stephanie Alexander, PhD

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Director of Health Services

Ms. Marlene Childers RN

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